



Wisconsin Health Insurance Risk Sharing Plan (HIRSP)

Division of Health Care Financing

Department of Health and Family Services

1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961

(800) 828-4777 or (608) 221-4551

Notice of Creditable Prescription Drug Coverage

Important Information from HIRSP About Your Prescription Drug Coverage and Medicare

You may have heard about Medicare's new prescription drug coverage, and wondered how it would affect you. This notice provides important information about your current prescription drug coverage with the Health Insurance Risk Sharing Plan (HIRSP) and new prescription drug coverage available January 1, 2006 for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Please read this notice carefully and keep it where you can find it as you may need this in the future to show proof of creditable coverage.

Starting January 1, 2006, new Medicare prescription drug coverage will be available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

The Wisconsin Department of Health and Family Services has determined that the prescription drug coverage offered by HIRSP is, on average for all HIRSP Plan 2 policyholders, at least as good as the standard Medicare prescription drug coverage. This is referred to as “**creditable coverage**”.

People with Medicare can enroll in a Medicare prescription drug plan from November 15, 2005 through May 15, 2006. However, because you have creditable coverage, you can choose to join a Medicare prescription drug plan later without paying a late enrollment fee. Each year, you will have the opportunity to enroll in a Medicare prescription drug plan between November 15th and December 31st.

You should also know that if you drop or lose your coverage with HIRSP and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If after May 15, 2006 you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium for a Medicare prescription drug plan will go up at least 1% per month for every month after May 15, 2006 that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

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**For more information about HIRSP, visit our Web site at:
<http://dhfs.wisconsin.gov/hirsp>**

For more information about this notice or your current HIRSP prescription drug coverage, contact our HIRSP Customer Service at 1-800-828-4777.

For more information about your options under Medicare prescription drug coverage:

- Refer to the “Medicare & You 2006” handbook. You will get a copy of the handbook in the mail from Medicare. It provides more detailed information about Medicare plans that offer prescription drug coverage.
- You may also be contacted directly by Medicare prescription drug plans.
- Visit www.medicare.gov for personalized help.
- Call the State Health Insurance Assistance Program at 1-800-242-1060.
- Call 1-800-MEDICARE (1-800-633-4227). TTY/Hearing Impaired users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice to the Medicare drug plan to show that you are not required to pay a higher premium amount. You may request a replacement copy of this notice by contacting HIRSP at one of the phone numbers below.

Date:	November 1, 2005
Name of Entity:	The Wisconsin Health Insurance Risk Sharing Plan (HIRSP)
Contact:	HIRSP Customer Service
Address:	1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961
Phone Number:	1-800-828-4777 or (608) 221-4551

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